



PTO/SB/21 (04-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/722,655
		Filing Date	11/28/2000
		First Named Inventor	HURST, Dennis Wayne et al.
		Art Unit	2137
		Examiner Name	TRIEU, Laurent L. JUN 30 2004
Total Number of Pages in This Submission	1280	Attorney Docket Number	8886.001.00 Technology Center 2100

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<b>Return Receipt Postcard</b>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Dale Lischer, Reg. No. 28,438
Signature	<i>Dale Lischer</i>
Date	June 23, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Lucy Kimsey
Signature	<i>Lucy Kimsey</i>
Date	June 24, 2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**180**

Complete If Known

Application Number	09/722,655
Filing Date	11/28/2000
First Named Inventor	HURST, Dennis Wayne et al.
Examiner Name	TRIEU, Laurent L.
Art Unit	2137
Attorney Docket No.	8886.001.00

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JUN 3 0 2004

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money    Other    None  
Order
 Deposit Account:Deposit  
Account  
Number


Deposit  
Account  
Name


## The Director is authorized to: (check all that apply)

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- Charge fee(s) indicated below
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- Charge any additional fee(s) during the pendency of this application
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- Charge fee(s) indicated below, except for the filing fee
- 
- to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity   Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)  
**0**

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-	** =	0	X	Fee from below	Fee Paid
Independent Claims		** =	0	X		0
Multiple Dependent				X		0

## Large Entity   Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)  
**0**

\*\* or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051	65	Surcharge - late filing fee or oath	
		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
		1053	130	1053	130	Non-English specification	
		1812	2,520	1812	2,520	For filing a request for reexamination	
		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	2251	55	Extension for reply within first month	
		1252	420	2252	210	Extension for reply within second month	
		1253	950	2253	475	Extension for reply within third month	
		1254	1,480	2254	740	Extension for reply within fourth month	
		1255	2,010	2255	1,005	Extension for reply within fifth month	
		1401	330	2401	165	Notice of Appeal	
		1402	330	2402	165	Filing a brief in support of an appeal	
		1403	290	2403	145	Request for oral hearing	
		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		1452	110	2452	55	Petition to revive – unavoidable	
		1453	1,330	2453	665	Petition to revive – unintentional	
		1501	1,330	2501	665	Utility issue fee (or reissue)	
		1502	480	2502	240	Design issue fee	
		1503	640	2503	320	Plant issue fee	
		1460	130	1460	130	Petitions to the Commissioner	
		1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
		1806	180	1806	180	Submission of Information Disclosure Stmt	180
		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	2801	385	Request for Continued Examination (RCE)	
		1802	900	1802	900	Request for expedited examination of a design application	
		Other fee (specify) _____					

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)  
**180**

## SUBMITTED BY

Name (Print/Type)	Dale Lischer	Registration No. (Attorney/Agent)	28,438	Telephone	(404) 815-3741
Signature				Date	June 23 2004

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